

## CHILD/FAMILY CASE PLAN (IV-E Residential Placement)

IDENTIFYING INFORMATION	
Child's Name:	County:
Child's Date of Birth:	Caseworker PID#:

**PURPOSE OF PLAN:** The goals and tasks outlined in this plan are designed to help resolve issues that led to your involvement with the juvenile justice system and to ensure the safety, permanency, and well being of your family. You will be expected to participate in developing this case plan and demonstrate progress in achieving the goals listed. Your progress will be reviewed and evaluated. In addition to the activities outlined in the case plan, you are expected to adhere to all court ordered conditions of probation.

**PRIOR SERVICES:** List all services previously provided to help the child remain safely with the family. If no services were provided there **MUST** be an explanation.

FACILITY INFORMATION		
Name of Facility:		Date of Placement:
Address:		How Licensed:
City/State/Zip:		Phone #:

**NEED FOR PLACEMENT:** Explain why this child requires placement. Discuss the child's behavior **AND** the family situation.

**WAS THE FAMILY NOTIFIED OF THE CHILD'S REMOVAL?**

☐ Yes

☐ No

**HOW WERE THEY NOTIFIED?** \_\_\_\_\_ **DATE NOTIFIED:** \_\_\_\_\_

**APPROPRIATENESS OF PLACEMENT:** Explain what specific services are being provided to meet the child's needs as discussed in the 'need for placement' above.

**DESCRIPTION OF THE CURRENT PLACEMENT** *(Provide a physical description of the living arrangement in which the child is placed. Refer to the Case Plan Supplement for additional information.)*

**HOW WILL THE CAREGIVER ENSURE THE SAFETY OF THE CHILD WHILE IN PLACEMENT?** *(More than just a statement that the placement is safe is required. Refer to the Case Plan Supplement for additional information.)*

**LEAST RESTRICTIVE (MOST FAMILY-LIKE) PLACEMENT** *(If the child was not placed in the least restrictive setting possible (a foster family home of 6 or fewer children), explain why. Refer to the Case Plan Supplement for additional information.)*

**CLOSE PROXIMITY – SCHOOL** *(Was the proximity of the school the child attended prior to placement considered? Refer to the Case Plan Supplement for additional information.)*

**CLOSE PROXIMITY – PARENTS** *(If the placement is not in close proximity of the parent's home, explain why. Refer to the Case Plan Supplement for additional information.)*

**OUT OF STATE PLACEMENT:** If the child is placed outside of Texas, explain why this is in the best interest of the child.

## PERMANENCY

**PERMANENCY PLAN:** Plan for the safe and permanent placement of the child.

- ☐ Return to parent      \*☐ Emancipation/independent living *(explanation required)*      ☐ Adoption  
☐ Place with relative      \*☐ Other permanent living arrangement *(explanation required)*

**\*If EMANCIPATION/INDEPENDENT LIVING or OTHER PERMANENT LIVING ARRANGEMENT is the permanency plan, explain why this is in the best interest of the child:**

**Projected permanency date:** \_\_\_\_\_

<b>MEDICAL/DENTAL DOMAIN</b>			
<b>NAMES &amp; ADDRESSES OF CHILD'S MOST RECENT HEALTHCARE PROVIDERS <i>(prior to placement)</i></b>			
<b>MEDICAL</b>		<b>DENTAL</b>	
Name:		Name:	
Address:		Address:	
City/State/Zip:		City/State/Zip:	
Phone #:		Phone #:	
Child's current medications (including psychotropic meds):			
Indicate what medications are for:			
List any other important medical information/concerns:			
<b>DATE CHILD'S IMMUNIZATION &amp; HEALTH RECORDS WERE PROVIDED TO CAREGIVER:</b>			
Goal / Need	Intervention	Person Responsible	Time Frame
1.			
2.			
3.			
<b>SAFETY/SECURITY DOMAIN</b>			
Goal / Need	Intervention	Person Responsible	Time Frame
1.			
2.			
3.			
<b>EDUCATIONAL DOMAIN</b>			
<b>NAME &amp; ADDRESS OF CHILD'S MOST RECENT EDUCATIONAL PROVIDER <i>(prior to placement)</i></b>			
Name:		Phone #:	
Address:		City/State:	
Child's current grade level placement:		Child's current grade level performance:	
<b>DATE CHILD'S EDUCATIONAL RECORDS WERE PROVIDED TO CAREGIVER:</b>			
Goal / Need	Intervention	Person Responsible	Time Frame
1.			
2.			
3.			
<b>EMOTIONAL (MENTAL/BEHAVIORAL HEALTH) DOMAIN</b>			
Goal / Need	Intervention	Person Responsible	Time Frame
1.			
2.			
3.			
3.			

PREPARATION FOR ADULT LIVING (PAL)/VOCATIONAL DOMAIN <i>(if child is or will be 16 before next review)</i>				
Goal / Need	Intervention	Person Responsible	Time Frame	
1.				
2.				
3.				
TRANSITIONAL SERVICES DOMAIN <i>(services to transition the youth back into the community)</i>				
Goal / Need	Intervention	Person Responsible	Time Frame	
1.				
2.				
3.				
FAMILY SERVICES DOMAIN				
Goal / Need	Intervention	Person Responsible	Time Frame	
1.				
2.				
3.				
SUPPORT SERVICES PROVIDED TO CAREGIVER <i>(identify services the department will provide to the caregiver to assist in meeting the child's needs)</i>				
Goal / Need	Intervention	Person Responsible	Time Frame	
1.				
2.				
3.				
PARTICIPATION IN DEVELOPMENT & DISTRIBUTION OF CASE PLAN				
	Child	Family	Caregiver	Name: Other
Date Notified				
Method of Notification				
Date of Participation				
Date Copy Received/Mailed				
CONTACT BETWEEN THE CHILD AND FAMILY				
It is the family's right to have contact (i.e. letters, visits, telephone calls) with their child while he/she is in placement. The method and frequency of contact will be as follows:				
Method of contact between child and family:				
Frequency of contact between child and family:				
CONTACT BETWEEN THE JPO AND CHILD/FAMILY/CAREGIVER				
It is required that the JPO maintain contact with the child, family and caregiver on at least a monthly basis. This includes at least one face-to-face visit with the child each month.				

## **PARENTAL/FAMILIAL RIGHTS AND RESPONSIBILITIES**

Along with the right to visit your child, you have the right to be notified of any change in the placement of your child.

You have a right to be notified if there is a change in your visitation schedule.

You have the right to discuss any changes made in the placement of your child and the right to discuss this with the JPO's supervisor if you feel your concerns have not been addressed.

You have the right to know the plan of action necessary to have your child returned to you, and you have the responsibility to follow that plan in order to correct the circumstances which required the placement of your child in substitute care.

You have the right to be notified of any unusual occurrence regarding your child such as injury, illness, runaway, etc.

You have the right to be notified of any child facility staffing, placement review, or administrative hearing, which has the potential for impacting the return of your child. In addition, you have the responsibility to attend these staffings/reviews and participate in the development of the plan of action.

While your child is in placement, you have the right to have the situation reviewed at least every six months to ensure that appropriate treatment is being provided.

**THE SERVICES DOCUMENTED IN THIS PLAN ARE APPROPRIATE AND CONSISTENT WITH THE BEST INTEREST AND SPECIFIC NEEDS OF THE CHILD AND FAMILY. THIS PLAN DOCUMENTS THE STEPS BEING TAKEN BY ALL PARTIES TO FINALIZE THE PERMANENCY PLAN.**

### **SIGNATURES:**

<b>CHILD:</b>	<b>DATE:</b>
<b>FAMILY:</b>	<b>DATE:</b>
<b>CAREGIVER:</b>	<b>DATE:</b>
<b>JPO:</b>	<b>DATE:</b>
<b>SUPERVISOR:</b>	<b>DATE:</b>

**If any party has not, or refuses to sign, explain:**